



GENERAL APPLICATION FORM
City of Redmond Department of Planning and Community
Development
15670 NE 85th Street, P.O. Box 97010, Redmond, WA 98073-9710

Dev # _____

File #L _____

This form must be completed (clearly printed or typed) to file an application. Additional materials are required for specific types of applications. For questions, contact the Development Services Center at (425) 556-2473. All applications must be filed in person.

FOR STAFF USE ONLY

| | | |
|---|--------------------|----------------------|
| Type of Review Process (circle one): I II III IV V VI | Received By: _____ | Date Received: _____ |
|---|--------------------|----------------------|

BASIC PROJECT INFORMATION

| | | | | | | | | |
|---|---------------|--|--|--|--|--|--|--|
| Project / Development Name: _____ | | | | | | | | |
| Project / Development Street Location: _____ | | | | | | | | |
| Assessor Parcel Number (include 10-digit parcel number for all parcels within project boundaries): <table border="1" style="width: 100%;"><tr><td style="width: 33%; height: 20px;"></td><td style="width: 33%; height: 20px;"></td><td style="width: 33%; height: 20px;"></td></tr><tr><td style="height: 20px;"></td><td style="height: 20px;"></td><td style="height: 20px;"></td></tr></table> | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Land Area of Project Site (sq. ft. or acres): _____ | Zoning: _____ | | | | | | | |

ADDITIONAL PROJECT INFORMATION (complete all applicable information)

| | |
|---|--|
| Brief Project Description: _____ | |
| Type of Proposed Use: _____ | |
| For Multi-Use Projects, Show Amounts for Each Use (in square feet): <input type="checkbox"/> Residential _____, <input type="checkbox"/> Retail _____, <input type="checkbox"/> Office _____, <input type="checkbox"/> Manufacturing _____, <input type="checkbox"/> Other _____ | |
| Number of Existing Dwelling Units: _____ | Number of Proposed Residential Dwelling Units: _____ |
| Existing Building Sq. Ft. (non-residential): _____ | Proposed Building Sq. Ft. (non-residential) _____ |
| Number of Existing Lots: _____ | Number of Proposed Lots: _____ |
| Will any buildings be demolished: <input type="checkbox"/> no <input type="checkbox"/> yes. If yes, size in sq. feet _____; or number of dwelling units _____ | |

APPLICANT/DEVELOPER

| | | | |
|---|------------|---------------|-----------|
| Name (please print): _____ | | Phone # _____ | |
| Street Address _____ | City _____ | State _____ | Zip _____ |
| <i>(By my signature, I certify that the information and exhibits herewith submitted are true and correct to the best of my knowledge and that I am to file this application and act on the behalf of the signatories of the authorization below.)**</i> | | | |
| Signature: _____ | | Date: _____ | |

CONTACT (primary contact regarding this application if other than applicant, and to whom all notices and reports shall be sent)

| | | | |
|---|------------|---------------|-----------|
| Name (please print): _____ | | Phone # _____ | |
| Street Address _____ | City _____ | State _____ | Zip _____ |
| <i>(By my signature, I certify that the information and exhibits herewith submitted are true and correct to the best of my knowledge and that I am to file this application and act on the behalf of the signatories of the authorization below.)**</i> | | | |
| Signature: _____ | | Date: _____ | |

AUTHORIZATION TO FILE SIGNATURE (all persons with an ownership interest in property)

| | | | | | | | | | | | |
|---|--|--|---------------|---|-------------------------|-------------------------------|------------------------------|--|-----------------|--|---|
| <table><tr><td>Name (please print): _____</td><td><input type="checkbox"/> Owner <input type="checkbox"/> Contract Purchaser</td></tr><tr><td>Address _____</td><td><input type="checkbox"/> Option Purchaser**</td></tr><tr><td>Phone #: () _____</td><td>Option Expiration Date: _____</td></tr><tr><td>Assessor Parcel Number _____</td><td></td></tr><tr><td colspan="2">Signature _____</td></tr></table> | Name (please print): _____ | <input type="checkbox"/> Owner <input type="checkbox"/> Contract Purchaser | Address _____ | <input type="checkbox"/> Option Purchaser** | Phone #: () _____ | Option Expiration Date: _____ | Assessor Parcel Number _____ | | Signature _____ | | FOR STAFF USE ONLY Name: _____ Date: _____ Receipt No: _____ Fee Paid: _____ Total Fee: _____ |
| Name (please print): _____ | <input type="checkbox"/> Owner <input type="checkbox"/> Contract Purchaser | | | | | | | | | | |
| Address _____ | <input type="checkbox"/> Option Purchaser** | | | | | | | | | | |
| Phone #: () _____ | Option Expiration Date: _____ | | | | | | | | | | |
| Assessor Parcel Number _____ | | | | | | | | | | | |
| Signature _____ | | | | | | | | | | | |
| <table><tr><td>Name (please print): _____</td><td><input type="checkbox"/> Owner <input type="checkbox"/> Contract Purchaser</td></tr><tr><td>Address _____</td><td><input type="checkbox"/> Option Purchaser**</td></tr><tr><td>Phone #: () _____</td><td>Option Expiration Date: _____</td></tr><tr><td>Assessor Parcel Number _____</td><td></td></tr><tr><td colspan="2">Signature _____</td></tr></table> | Name (please print): _____ | <input type="checkbox"/> Owner <input type="checkbox"/> Contract Purchaser | Address _____ | <input type="checkbox"/> Option Purchaser** | Phone #: () _____ | Option Expiration Date: _____ | Assessor Parcel Number _____ | | Signature _____ | | |
| Name (please print): _____ | <input type="checkbox"/> Owner <input type="checkbox"/> Contract Purchaser | | | | | | | | | | |
| Address _____ | <input type="checkbox"/> Option Purchaser** | | | | | | | | | | |
| Phone #: () _____ | Option Expiration Date: _____ | | | | | | | | | | |
| Assessor Parcel Number _____ | | | | | | | | | | | |
| Signature _____ | | | | | | | | | | | |

** Documentation demonstrating authorization to sign development applications on behalf of the Applicant/Developer is required.